

## Massachusetts Department of Revenue Form IFTA-1

## **International Fuel Tax Agreement Massachusetts License Application**

2022

Registration period J	anuary 1, 2022 through December	31, 2022.			
ederal Identification num	ber	Social Security number	U.S. Department of Transportation number		
Legal name of business		Trade name (DBA)			
Physical address of business		City/Town	State	Zip	
Mailing address		City/Town	State	Zip	
office where fuel records are available for audit (if different from business address or mailing address)			Business phone		
Name of representative or	agent (include Form M-2848, Power of A	Phone			
Type of business					
* .	vidual $\bigcirc$ Partnership $\bigcirc$ Other (spec	cify)			
Registration					
Registration type  Renewal Addition	Start date in IFTA program				
OHydrogen		iodiesel ○ LNG ○ Gasohol ○ Metha	nol OCNG OA-5	5 ○ E-85 ○ M-85 ○ Elect	
1 Number of IFTA veh					
2 Cost per vehicle				\$ 8.00	
3 Total due. Multiply li	ne 1 by line 2				

Be sure to complete page 2.



Jurisdictions. Fill in	n oval tor any jurisdiction	in which you travel.		
O AL – Alabama	○ IN – Indiana	OMT – Montana	○ PA – Pennsylvania	○ WY – Wyoming
O AZ – Arizona	○ IA – Iowa	O NE – Nebraska	○ RI – Rhode Island	Canadian provinces:
O AR – Arkansas	○ KS – Kansas	○ NV – Nevada	OSC – South Carolina	○ AB – Alberta
○ CA – California	○ KY – Kentucky	ONH – New Hampshire	OSD – South Dakota	OBC – British Columbia
○ CO – Colorado	O LA – Louisiana	○ NJ – New Jersey	○ TN – Tennessee	○ MB – Manitoba
○ CT – Connecticut	○ ME – Maine	○ NM – New Mexico	○ TX – Texas	○ NB – New Brunswick
O DE – Delaware	O MD – Maryland	○ NY – New York	OUT – Utah	ONL - Newfoundland
ODC – District of Columbia	O MA – Massachusetts	ONC – North Carolina	OVT – Vermont	O NS – Nova Scotia
○ FL – Florida	O MI – Michigan	O ND – North Dakota	○ VA – Virginia	○ ON – Ontario
○ GA – Georgia	O MN – Minnesota	○ OH – Ohio	○ WA – Washington	○ PE – Prince Edward Island
○ ID – Idaho	O MS – Mississippi	OK – Oklahoma	OWV – West Virginia	○ QC – Quebec
O IL – Illinois	○ MO – Missouri	○ OR – Oregon	○ WI – Wisconsin	○ SK – Saskatchewan
Bulk storage				
Do you maintain bulk storage? If O Yes O No	Yes, list the jurisdiction where the	e fuel is maintained.		
Prior registration				
Indicate any IFTA jurisdiction(s) in	n which you are currently or were	previously registered. (Enter "None	e" if you have never been registere	d for IFTA.)
Important informa	ation			
Has your IFTA license ever been	revoked in any IFTA jurisdiction?	?		
○ Yes ○ No List any IFTA jurisdiction in which	your IFTA license is currently re	voked.		
Declaration				
requirements as specified i achusetts may withhold an	n the Massachusetts Tax L y refunds due if the IFTA a		I Tax Agreement. The applic ment of fuel taxes due to an	
Under the penalties of perjuand complete.	ury, I declare that I have ex	amined this application, and	to the best of my knowledge	e and belief it is true, correct
Authorized signature (print)		Title	Date	Telephone
Signature of owner, partner, mem	ober or officer from page 1			

## **Instructions**

Remit fees with application. Remittance must be in U.S. funds. Make check payable to **Commonwealth of Massachusetts**. Mail to **Massachusetts**. Department of Revenue, P.O. Box 7027, Boston, MA 02204.

## Form IFTA-1 Instructions

Enter your Federal Employer Identification number. If one has not been issued, enter your Social Security number.

All trucks that travel interstate and weigh more than 10,000 pounds are required to have a Department of Transportation number. For futher information, call 781-425-3210.

Enter the legal name of the business. The legal name is the name under which the business owns the property or acquires debt. A corporation's legal name is the name that appears on its certificate of incorporation. If the business is a partnership, the legal name is the name that appears on its partnership agreement. The legal name of a sole proprietorship is the name of the individual owner of the business.

If the company has a DBA (doing business as) name, enter that. It will be used to establish your account.

Enter the business address of the company.

Enter the mailing address to which you want your license, decals and returns to be sent.

Enter the physical place the fuel records will be available for audit.

Enter the telephone number of the company.

Fill in the appropriate oval and complete the name and full address if you are giving Power of Attorney to an outside agent or representative. You must also submit a Power of Attorney, Form M-2848.

Fill in the appropriate type of business based on the federal number.

Enter the names, titles, Social Security numbers and residence addresses of the principal corporate officers, members, partners, individual owners or executors, administrators, receivers, trustees or fiduciaries.

**Renewal.** Fill in if you have or had a license for 2021. New applicants must register online at mass.gov/masstaxconnect. After registering for IFTA, you may log in to your account to order decals.

**Additional.** Fill in if currently licensed for 2022 and need additional decals.

Enter the date you began or will begin IFTA in Massachusetts based on the current identification number entered.

Fill in ovals for all types of fuel used.

Enter the number of IFTA vehicles you are applying for and multiply by \$8. Submit a check for resulting amount payable to **Commonwealth of Massachusetts**. Decals are not vehicle specific, and extra decals can be ordered.

Fill in the oval for all jurisdictions in which traveling will be done. Traveling must be done in Massachusetts and one other jurisdiction to qualify for IFTA.

If bulk storage is maintained, fill in Yes and enter the jurisdiction where fuel is maintained. Otherwise, fill in No.

List the IFTA member jurisdictions in which you are or have been registered for IFTA.

Fill in the appropriate Yes or No oval as to whether your IFTA license has ever been revoked. List any IFTA jurisdiction in which your IFTA license is currently revoked.

Print name, have the application signed by an authorized person and enter the title of person signing the application. The application must be signed by the owner, partner, officer or person authorized in the Principal officers section on the front of this application, accepting responsibility for the validity of the information contained in the application.

Review application to ensure that it is complete. Verify the check amount, that the mailing address is on the application and that it is signed. The application will be returned if it is not complete, which will cause delays in its processing.

For additional questions, call DOR at 617-887-6367.